# **Acute Diabetes Exacerbation Episode Executive Summary**

#### **Episode Design**

- Trigger: diagnosis of Type I, Type II, secondary, or gestational diabetes
- **Quarterback type:** facility (acute diabetes exacerbation diagnosis site)
- Care included: all acute diabetes exacerbationrelated care including specific imaging and testing and specific medications

### **Sources of Value**

- Appropriate triage, rapid early assessment, and early management to avoid worsening clinical condition while in the emergency department
- · Appropriate use of critical care setting
- Appropriate length of stay
- Identification of root cause of exacerbation
- Appropriate management/resolution of root cause
- Appropriate patient education
- · Appropriate use of testing and imaging
- Appropriate follow-up for root cause
- Appropriate follow-up for diabetes control
- Appropriate selection of glycemic control regimen
- Reduction in complications
- Appropriate management of complications
- Reduction in avoidable readmissions

## **Episode Duration**

**Pre-Trigger** 

**Trigger** 

**Post-Trigger** 

No pre-trigger window

Duration of the episodetriggering encounter or stay 30 days, beginning the day after the trigger window

## **Quality Metrics**

#### **Tied to Gain-Sharing**

• Follow-up care within 14 days (higher rate is better)

#### **Informational Only**

- Diabetes counseling
- Readmissions
- ED visits
- ICU utilization
- Diabetes-related medications
- CT/MRI usage
- Average length of stay

# **Making Fair Comparisons**

#### **Exclusions**

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., cystic fibrosis, HIV, history of cardiac arrest, organ transplant, osteomyelitis, other CNS infection, pericarditis, peritonitis, DCS custody)
- Patient exclusions: age (greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <a href="https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html">https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html</a>.

